

To:

Occupational
Therapists

Physical Therapists

Rehabilitation
Agencies

Speech and Hearing
Clinics

Speech-Language
Pathologists

Therapy Groups

HMOs and Other
Managed Care
Programs

Changes to spell of illness prior authorization

Wisconsin Medicaid has revised the spell of illness (SOI) prior authorization (PA) process. The Prior Authorization/Spell of Illness Attachment (PA/SOIA) has been revised as part of this change. Providers may begin using the revised PA/SOIA immediately; however, the revised form must be used for all SOI requests received by Wisconsin Medicaid on and after September 1, 2003.

Wisconsin Medicaid has revised the spell of illness (SOI) prior authorization (PA) process. The Prior Authorization/Spell of Illness Attachment (PA/SOIA) has been revised as part of this change. Physical therapy (PT), occupational therapy (OT), and speech and language pathology (SLP) providers can begin using the revised PA/SOIA immediately. However, providers must use the revised PA/SOIA, dated 06/03, or a form that contains the same information and is formatted exactly like it, for all SOI requests received by Wisconsin Medicaid on and after September 1, 2003. Spell of illness requests received by Wisconsin Medicaid on and after September 1, 2003, that do not contain the information requested by the revised PA/SOIA will be returned to the provider. Providers should allow enough time for mail delivery. Refer to Attachment 1 of this *Wisconsin Medicaid and BadgerCare Update* for completion instructions for the PA/SOIA and Attachment 2 for a copy of the revised form that may be used for photocopying.

Wisconsin Medicaid has not changed any policy or procedure applicable to the recipient's initial 35 treatment days that may be provided without PA.

Revised completion instructions for the Prior Authorization Request Form

Physical therapy, OT, and SLP providers are required to use the revised completion instructions in this *Update* for the Prior Authorization Request Form (PA/RF) when submitting SOI requests with the revised PA/SOIA. Providers should note that the actual PA/RF is not being revised at this time. Refer to Attachment 3 for the revised completion instructions and Attachment 4 for a sample PA/RF that reflects the changes to the completion instructions.

Changes to spell of illness

Wisconsin Medicaid has eliminated the need for PT, OT, and SLP providers to submit detailed documentation of the recipient's diagnosis or condition when requesting a new SOI. Instead, providers are required to provide the appropriate primary *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) diagnosis code or the appropriate ICD-9-CM surgical procedure code and answer "yes" or "no" to seven statements about the recipient's diagnosis or condition. The answers to these statements are used to determine if the SOI request will be

approved. If the SOI request is approved, Wisconsin Medicaid will use the combination of the ICD-9-CM code and the answers to these statements to assign the maximum allowable treatment days for the SOI.

Maximum allowable treatment days

As specified in HFS 107.16(2), 107.17(2), 107.18(2) and 101.03(167), Wis. Admin. Code, an SOI begins with the first day of treatment or evaluation following the onset of a new disease, injury, medical condition, or increased severity of a pre-existing medical condition.

The following instances count against the maximum allowable treatment days:

- Evaluations.
- Treatment days covered by Medicare or commercial health insurance.
- Treatment days provided by another therapy provider in any setting.

As noted in HFS 107.16(2)(d), 107.17(2)(d), and 107.18(2)(d), Wis. Admin. Code, an SOI ends when the recipient's condition improves so that the services of a PT, OT, or SLP provider are no longer required or after the maximum allowable treatment days have been used, whichever comes first. (Refer to Attachments 5-10 for more information about maximum allowable treatment days.)

Note: Spell of illness requests should be submitted to Wisconsin Medicaid within two weeks of the evaluation to allow backdating and coverage of provided services.

Unused treatment days from one SOI cannot be carried over to a new SOI. When a new, approved SOI occurs within the current SOI, the current SOI ends, and a new SOI begins.

Spell of illness approval

Providers are required to obtain prior approval from Wisconsin Medicaid for each new SOI, with the exception of the recipient's initial SOI. Physical therapy, OT, and SLP providers should request approval for each subsequent SOI by submitting the PA/RF and the PA/SOIA.

An SOI request will not be approved unless all of the following are true:

- The recipient has incurred a demonstrated functional loss of ability to perform daily living skills and there is measurable evidence to support this.
- There is a reasonable expectation that the recipient will return to his or her previous level of function by the end of this SOI or sooner. This information is provided in statement "G" from Element 11 of the PA/SOIA. If "G" is not marked "yes" Wisconsin Medicaid will return the SOI request.
- Only one of statements "A" through "F" from Element 11 of the PA/SOIA is marked "yes."

Statements "A" through "F" from Element 11 of the PA/SOIA are as follows:

- A. The recipient experienced the onset of a new neuromuscular disease, injury, or condition six weeks ago or less.
- B. The recipient experienced the onset of a new musculoskeletal disease, injury, or condition six weeks ago or less.*
- C. The recipient experienced the onset of a new problem or complication associated with physiologic disease, injury, or condition six weeks ago or less.

* Frequently precautions are placed on the recipient's mobility following a fracture or surgical procedure. The SOI, in such cases, can be begin the date the precautions are removed and the recipient demonstrates functional limitations that require the skills of a therapist.

Unused treatment days from one SOI cannot be carried over to a new SOI.

If the ICD-9-CM code is not listed for the appropriate therapy discipline, the PT, OT, or SLP provider should submit the PA/RF and the PA/TA.

- D. The recipient experienced the onset of a new psychological disease, injury, or condition six weeks ago or less.
- E. The recipient experienced an exacerbation of a pre-existing condition six weeks ago or less.
- F. The recipient experienced a regression of his or her condition due to lack of therapy six weeks ago or less.

Note: Statement “D” does not apply to PT services. Statements “C,” “D,” and “F” do not apply to SLP services.

Examples of situations covered in these statements are provided on the back of the PA/SOIA.

If more than one of statements “A” through “F” is marked “yes,” Wisconsin Medicaid will return the SOI request instructing the provider to submit a Prior Authorization/Therapy Attachment (PA/TA). If the recipient’s condition could be categorized by more than one of these statements, providers should choose the one statement that best describes the reason for the SOI.

The maximum allowable treatment days that may be granted for each ICD-9-CM code have been determined separately for each therapy discipline. There are two charts for each therapy discipline. Refer to Attachments 5 and 6 for PT services, Attachments 7 and 8 for OT services, and Attachments 9 and 10 for SLP services. The two charts for each therapy service contain the same information, but are organized differently. Attachments 5, 7, and 9 are organized alphabetically by the ICD-9-CM code description. Attachments 6, 8, and 10 are organized by statements “A” through “F.”

Providers are encouraged to use the attachment that best suits their needs.

Instructions for reading each chart are included

at the top of the attachments. Providers should use the attachments to determine the allowable combinations of ICD-9-CM codes and statements for SOI approval.

Only the ICD-9-CM codes that are listed in the attachments are available for SOI approval at this time. If the ICD-9-CM code is not listed for the appropriate therapy discipline, the PT, OT, or SLP provider should submit the PA/RF and the PA/TA.

Prior authorization versus spell of illness approval

Physical therapy, OT, and SLP providers may always choose to request PA instead of SOI approval. For instance, a provider may request PA instead of SOI approval when treating an acute onset of a condition, such as a stroke. However, Wisconsin Medicaid will not approve an SOI request when PA is necessary for services.

Physical therapy, OT, and SLP providers are required to request PA (instead of SOI approval) when any of the following is true:

- The recipient’s need for PT, OT, or SLP services has exceeded the number of allowable treatment days allotted for that SOI.
- The recipient’s condition is not acute or recent.
- The recipient’s condition does not qualify for SOI approval. (Certain conditions never qualify for SOI approval, such as mental retardation.)
- The combination of the ICD-9-CM code for the PT, OT, or SLP service and the true statement from the PA/SOIA do not allow for SOI approval.

Physical therapy, OT, and SLP providers are encouraged to request PA (rather than SOI approval) when any of the following is true:

- The provider is not sure if the recipient has received treatment from another provider for the current SOI.
- The recipient's need for PT, OT, or SLP services is expected to exceed the number of allowable treatment days allotted for that SOI.

Attachment 11 further clarifies when a request for SOI approval is appropriate and when a request for PA is appropriate.

Obtaining copies of the Prior Authorization/Spell of Illness Attachment

The PA/SOIA is available in a fillable Portable Document Format (PDF) from the forms page of the Wisconsin Medicaid Web site. (Providers cannot obtain copies of the PA/RF from the Medicaid Web site since each form has a unique preprinted PA number on it.) To access the PA/SOIA and other Medicaid forms, follow these instructions:

1. Go to www.dhfs.state.wi.us/medicaid/.
2. Choose "Providers" from the options listed in the Wisconsin Medicaid main menu.
3. Select "Provider Forms" under the "Provider Publications and Forms" topic area.

The fillable PDF may be accessed using Adobe Acrobat Reader®* and may be completed electronically. Providers may then include the printed version of the attachment with the PA/RF. To use the fillable PDF, click on the dash-outlined boxes to enter information. Press the "Tab" key to move from one box to the next.

To request paper copies of the PA/SOIA or PA/RF, call Provider Services at

(800) 947-9627 or (608) 221-9883. Questions about the forms may also be directed to Provider Services at the telephone numbers previously mentioned.

In addition, the PA forms and attachments are available by writing to Wisconsin Medicaid. Include a return address, the name of the form, and the HCF number of the form (if applicable) and send the request to:

Wisconsin Medicaid
Form Reorder
6406 Bridge Rd
Madison WI 53784-0003

Information regarding Medicaid HMOs

This *Update* contains Medicaid fee-for-service policy and applies to providers of services to recipients on fee-for-service Medicaid only. For Medicaid HMO or managed care policy, contact the appropriate managed care organization. Wisconsin Medicaid HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

* The Medicaid Web site provides instructions on how to obtain Adobe Acrobat Reader® at no charge from the Adobe® Web site at www.adobe.com/. Adobe Acrobat Reader® does not allow users to save completed fillable PDFs to their computer. Refer to the Adobe® Web site for more information on fillable PDFs.

The Wisconsin Medicaid and BadgerCare Update is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at www.dhfs.state.wi.us/medicaid/.

ATTACHMENT 1

Prior Authorization / Spell of Illness Attachment (PA/SOIA) Completion Instructions

(A copy of the "Prior Authorization/Spell of Illness Attachment [PA/SOIA] Completion Instructions" is located on the following pages.)

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**WISCONSIN MEDICAID
PRIOR AUTHORIZATION / SPELL OF ILLNESS ATTACHMENT (PA/SOIA)
COMPLETION INSTRUCTIONS**

Wisconsin Medicaid requires information to enable Medicaid to authorize and pay for medical services provided to eligible recipients.

Recipients are required to give providers full, correct, and truthful information for the submission of correct and complete claims for Medicaid reimbursement. This information should include, but is not limited to, information concerning eligibility status, accurate name, address, and Medicaid identification number (HFS 104.02[4], Wis. Admin. Code).

Under s. 49.45(4), Wis. Stats., personally identifiable information about Medicaid applicants and recipients is confidential and is used for purposes directly related to Medicaid administration such as determining eligibility of the applicant, processing prior authorization (PA) requests, or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of PA or Medicaid payment for the services.

The use of the Prior Authorization/Spell of Illness Attachment (PA/SOIA) is voluntary when requesting spell of illness (SOI). Providers may develop their own form as long as it includes all the information on this form and is formatted exactly like this form. Failure to supply the information requested by the form may result in denial of Medicaid payment for the services.

Attach the completed PA/SOIA to the Prior Authorization Request Form (PA/RF) and send it to Wisconsin Medicaid. Providers may submit PA requests by fax to Wisconsin Medicaid at (608) 221-8616. Providers who wish to submit PA requests by mail may do so by submitting them to the following address:

Wisconsin Medicaid
Prior Authorization
Ste 88
6406 Bridge Rd
Madison WI 53784-0088

The provision of services that are greater than or significantly different from those authorized may result in nonpayment of the billing claim(s).

An SOI ends when the maximum allowable treatment days have been used or when the physical therapy (PT), occupational therapy (OT), or speech and language pathology (SLP) services are no longer required, whichever comes first. If, near the end of the maximum allowable treatment days, the skills of a PT, OT, or SLP provider are still needed, the provider should submit the PA/RF and the Prior Authorization/Therapy Attachment (PA/TA) to continue services.

SECTION I — RECIPIENT INFORMATION

Element 1 — Name — Recipient

Enter the recipient's last name, followed by his or her first name and middle initial. Use the Eligibility Verification System (EVS) to obtain the correct spelling of the recipient's name. If the name or spelling of the name on the Medicaid identification card and the EVS do not match, use the spelling from the EVS.

Element 2 — Age — Recipient

Enter the age of the recipient in numerical form (e.g., 16, 21, 60).

Element 3 — Recipient Medicaid Identification Number

Enter the recipient's 10-digit Medicaid identification number. Do not enter any other numbers or letters in this field.

SECTION II — PROVIDER INFORMATION

Element 4 — Name and Credentials — Therapist

Enter the name and credentials of the primary therapist participating in therapy services for the recipient. If the performing provider is a therapy assistant, enter the name of the supervising therapist.

Element 5 — Therapist's Medicaid Provider Number

Enter the performing provider's eight-digit provider number. If the performing provider is a therapy assistant, enter the provider number of the supervising therapist. Rehabilitation agencies do not indicate a performing provider.

Element 6 — Telephone Number — Therapist

Enter the performing provider's telephone number, including the area code, of the office, facility, or place of business. If the performing provider is a therapy assistant, enter the telephone number of the supervising therapist.

Element 7 — Name — Prescribing Physician

Enter the name of the prescribing physician.

SECTION III — DOCUMENTATION

Element 8

Enter an "X" in the appropriate box to indicate a PT, OT, or SLP SOI request.

Element 9 — Requested Start Date

Enter the requested start date for service(s) in MM/DD/YY format (e.g., June 30, 2003, would be 06/30/03).

Element 10 — Primary *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) Diagnosis Code or ICD-9-CM Surgical Procedure Code

Enter the appropriate primary ICD-9-CM diagnosis code or surgical procedure code.

Element 11

Enter an "X" in the appropriate box to indicate "yes" or "no" in response to each statement. Only one of "A" through "F" must be marked "yes" in addition to "G" for SOI approval. Otherwise, the PT, OT, or SLP provider should submit the PA/RF and the PA/TA.

Element 12 — Signature — Therapist Providing Evaluation / Treatment

The signature of the therapist providing evaluation/treatment must appear in the space provided.

Element 13— Date Signed

Enter the month, day, and year the PA/SOIA was signed in MM/DD/YY format.

ATTACHMENT 2
Prior Authorization / Spell of Illness Attachment (PA/SOIA)
(for photocopying)

(A copy of the "Prior Authorization/Spell of Illness Attachment [PA/SOIA]" [for photocopying] is located on the following pages.)

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**WISCONSIN MEDICAID
PRIOR AUTHORIZATION / SPELL OF ILLNESS ATTACHMENT (PA/SOIA)**

Providers may submit spell of illness (SOI) requests by fax to Wisconsin Medicaid at (608) 221-8616; or, providers may send the completed form with attachments to: Wisconsin Medicaid, Prior Authorization, Suite 88, 6406 Bridge Road, Madison, WI 53784-0088. **Instructions:** Type or print clearly. Before completing this form, read the Prior Authorization/Spell of Illness Attachment (PA/SOIA) Completion Instructions (HCF 11039A).

SECTION I — RECIPIENT INFORMATION

1. Name — Recipient (Last, First, Middle Initial)	2. Age — Recipient
3. Recipient Medicaid Identification Number	

SECTION II — PROVIDER INFORMATION

4. Name and Credentials — Therapist	5. Therapist's Medicaid Provider Number
6. Telephone Number — Therapist	7. Name — Prescribing Physician

SECTION III — DOCUMENTATION

8. Requesting SOI for <input type="checkbox"/> Physical Therapy (PT) <input type="checkbox"/> Occupational Therapy (OT) <input type="checkbox"/> Speech and Language Pathology (SLP)	
9. Requested Start Date	10. Primary <i>International Classification of Diseases, Ninth Revision, Clinical Modification</i> (ICD-9-CM) Diagnosis Code or ICD-9-CM Surgical Procedure Code
11. Indicate "yes" or "no" in response to each of the following statements (Only one of "A" through "F" in addition to "G" must be marked "yes" for SOI approval. Otherwise, the PT, OT, or SLP provider should submit the Prior Authorization Request Form [PA/RF] and the Prior Authorization/Therapy Attachment [PA/TA]).	
A. The recipient experienced the onset of a new neuromuscular disease, injury, or condition six weeks ago or less.	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. The recipient experienced the onset of a new musculoskeletal disease, injury, or condition six weeks ago or less.	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. The recipient experienced the onset of a new problem or complication associated with physiologic disease, injury, or condition six weeks ago or less.	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. The recipient experienced the onset of a new psychological disease, injury, or condition six weeks ago or less.	<input type="checkbox"/> Yes <input type="checkbox"/> No
E. The recipient experienced an exacerbation of a pre-existing condition six weeks ago or less.	<input type="checkbox"/> Yes <input type="checkbox"/> No
F. The recipient experienced a regression of his or her condition due to lack of therapy six weeks ago or less.	<input type="checkbox"/> Yes <input type="checkbox"/> No
AND	
G. There is a reasonable expectation that the recipient will return to his or her previous level of function by the end of this SOI or sooner.	<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby certify that the documentation of the date of onset, exacerbation, or regression of the recipient's disease, injury, or condition is as stated above. The specific start date of the SOI is maintained in the recipient's medical record at my facility and I acknowledge that the SOI ends when the services of a therapist are no longer required or after the maximum allowable treatment days have been used, whichever comes first.

12. SIGNATURE — Therapist Providing Evaluation / Treatment	13. Date Signed
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Continued

Examples of statements A-F from Element 11:

- A. The recipient experienced the onset of a new neuromuscular disease, injury, or condition six weeks ago or less. Examples of this situation include, but are not limited to:
- Diabetic neuropathy.
 - Multiple sclerosis.
 - Parkinson's disease.
 - Stroke-hemiparesis.
- B. The recipient experienced the onset of a new musculoskeletal disease, injury, or condition six weeks ago or less. Examples of this situation include, but are not limited to:
- Amputation.
 - Complications associated with surgical procedures.
 - Fracture.
 - Strains and sprains.
- C. The recipient experienced the onset of a new problem or complication associated with physiologic disease, injury, or condition six weeks ago or less. Examples of this situation include, but are not limited to:
- Cardio-pulmonary conditions.
 - Severe pain.
 - Vascular condition.
- D. The recipient experienced the onset of a new psychological disease, injury, or condition six weeks ago or less. Examples of this situation include, but are not limited to:
- Affective disorders.
 - Organic conditions.
 - Thought disorders.
- E. The recipient experienced an exacerbation of a pre-existing condition six weeks ago or less. Examples of this situation include, but are not limited to:
- Multiple sclerosis.
 - Parkinson's disease.
 - Rheumatoid arthritis.
 - Schizophrenia.
- F. The recipient experienced a regression of his or her condition due to lack of therapy six weeks ago or less. Examples of this situation include, but are not limited to:
- Decrease of functional ability.
 - Decrease of mobility.
 - Decrease of motion.
 - Decrease of strength.

ATTACHMENT 3

Prior Authorization Request Form (PA/RF) Completion Instructions for spell of illness requests

Wisconsin Medicaid requires information to enable Medicaid to authorize and pay for medical services provided to eligible recipients.

Recipients are required to give providers full, correct, and truthful information for the submission of correct and complete claims for Medicaid reimbursement. This information should include, but is not limited to, information concerning eligibility status, accurate name, address, and Medicaid identification number (HFS 104.02[4], Wis. Admin. Code).

Under s. 49.45(4), Wis. Stats., personally identifiable information about Medicaid applicants and recipients is confidential and is used for purposes directly related to Medicaid administration such as determining eligibility of the applicant or processing provider claims for reimbursement. The Prior Authorization Request Form (PA/RF) is used by Wisconsin Medicaid and is mandatory when requesting PA. Failure to supply the information requested by the form may result in denial of Medicaid payment for the services.

Providers may submit PA requests, along with the Prior Authorization/Spell of Illness Attachment (PA/SOIA) by fax to Wisconsin Medicaid at (608) 221-8616; or, providers may send the completed form with attachments to:

Wisconsin Medicaid
Prior Authorization
Ste 88
6406 Bridge Rd
Madison WI 53784-0088

The provision of services that are greater than or significantly different from those authorized may result in nonpayment of the billing claim(s).

Element 1 — Processing Type

Enter the appropriate spell of illness (SOI) processing type from the list below.

- 114 — Physical Therapy (PT)
- 115 — Occupational Therapy (OT)
- 116 — Speech and Language Pathology (SLP)

Element 2 — Recipient's Medical Assistance ID Number

Enter the recipient's 10-digit Medicaid identification number. Do not enter any other numbers or letters.

Element 3 — Recipient's Name

Enter the recipient's last name, first name, and middle initial. Use the Eligibility Verification System (EVS) to obtain the correct spelling of the recipient's name. If the name or spelling of the name on the Medicaid identification card and the EVS do not match, use the spelling from the EVS.

Element 4 — Recipient Address

Enter the complete address (street, city, state, and ZIP code) of the recipient's place of residence. If the recipient is a resident of a nursing home or other facility, also include the name of the nursing home or facility.

Element 5 — Date of Birth

Enter the recipient's date of birth in MM/DD/YY format (e.g., June 30, 1975, would be 06/30/75).

Element 6 — Sex

Enter an “X” to specify whether the recipient is male or female.

Element 7 — Billing Provider Name, Address, ZIP Code

Enter the billing provider’s name and complete address (street, city, state, and ZIP code). No other information should be entered into this element since it also serves as a return mailing label.

Element 8 — Billing Provider Telephone Number

Enter the billing provider’s telephone number, including the area code, of the office, clinic, facility, or place of business.

Element 9 — Billing Provider No.

Enter the billing provider’s eight-digit Medicaid provider number.

Element 10 — Dx: Primary

Enter the appropriate primary *International Classification of Diseases, Ninth Revision, Clinical Modification* diagnosis code and description most relevant to the service/procedure requested for the recipient.

Element 11 — Dx: Secondary (not required)**Element 12 — Start Date of SOI**

Enter the date of onset for the SOI in MM/DD/YY format.

Element 13 — First Date Rx

Enter the date of the first treatment for the SOI in MM/DD/YY format.

Element 14 — Procedure Code

Enter the appropriate five-character procedure code for each service/procedure requested as described in the plan of care in this element.

Element 15 — MOD

Enter the “PT” modifier for PT services and the “OT” modifier for OT services. No modifier is needed for SLP services.

Element 16 — POS

Enter the appropriate Medicaid single-digit place of service code designating where the requested service/procedure/item would be provided/performed/dispensed.

Code	Description
0	Other
1*	Inpatient Hospital
2*	Outpatient Hospital
3	Office
4	Home
7	Nursing Facility
8	Skilled Nursing Facility

*Place of service codes “1” and “2” are allowable for SLP services only.

Element 17 — TOS

Enter the appropriate Medicaid single-digit type of service code for each service/procedure/item requested.

Code	Description
1	Medical
9	Rehabilitation Agency

Element 18 — Description of Service

Enter a written description corresponding to the appropriate procedure code for each service/procedure/item requested.

Element 19 — QR (not required)**Element 20 — Charges (not required)****Element 21 — Total Charge (not required)****Element 22 — Billing Claim Payment Clarification Statement**

An approved authorization does not guarantee payment. Reimbursement is contingent upon eligibility of the recipient and provider at the time the service is provided and the completeness of the claim information. Payment will not be made for services initiated prior to approval or after the authorization expiration date. Reimbursement will be in accordance with Wisconsin Medicaid payment methodology and policy. If the recipient is enrolled in a Medicaid HMO at the time a prior authorized service is provided, Medicaid reimbursement will be allowed only if the service is not covered by the HMO.

Element 23 — Date

Enter the month, day, and year (in MM/DD/YY format) the PA/RF was completed and signed.

Element 24 — Requesting Provider Signature

The signature of the provider requesting/performing/dispensing the service/procedure/item must appear in this element.

Do not enter any information below the signature of the requesting provider — This space is used by the Wisconsin Medicaid consultant(s) and analyst(s).

ATTACHMENT 4

Sample Prior Authorization Request Form (PA/RF) for spell of illness requests

MAIL TO: E.D.S. FEDERAL CORPORATION PRIOR AUTHORIZATION UNIT 6406 BRIDGE ROAD SUITE 88 MADISON, WI 53784-0088				PRIOR AUTHORIZATION REQUEST FORM <div style="border: 1px solid black; padding: 2px; display: inline-block;">PA/RF</div> (DO NOT WRITE IN THIS SPACE) ICN # A.T. # P.A. # 1234567				1 PROCESSING TYPE <div style="border: 1px solid black; padding: 5px; display: inline-block; width: 60px;">116</div>			
2 RECIPIENT'S MEDICAL ASSISTANCE ID NUMBER 1234567890						4 RECIPIENT ADDRESS (STREET, CITY, STATE, ZIP CODE) 609 Willow St Anytown, WI 55555					
3 RECIPIENT'S NAME (LAST, FIRST, MIDDLE INITIAL) Recipient, Im A.						8 BILLING PROVIDER TELEPHONE NUMBER (XXX) XXX-XXXX					
5 DATE OF BIRTH MM/DD/YY				6 SEX M <input checked="" type="checkbox"/> F <input type="checkbox"/>		9 BILLING PROVIDER NO. 12345678				10 DX: PRIMARY 434.1 — cerebral embolism	
7 BILLING PROVIDER NAME, ADDRESS, ZIP CODE Speech Therapist 1 W Williams Anytown, WI 55555						11 DX: SECONDARY				12 START DATE OF SOL MM/DD/YY	
										13 FIRST DATE FOR MM/DD/YY	
14	15	16	17	18	19				20		
PROCEDURE CODE	MOD	POS	TOS	DESCRIPTION OF SERVICE				QR	CHARGES		
92526		3	1	dysphagia therapy							
92507		3	1	speech therapy							
								21			
								TOTAL CHARGE			
22. An approved authorization does not guarantee payment. Reimbursement is contingent upon eligibility of the recipient and provider at the time the service is provided and the completeness of the claim information. Payment will not be made for services initiated prior to approval or after authorization expiration date. Reimbursement will be in accordance with Wisconsin Medical Assistance Program payment methodology and Policy. If the recipient is enrolled in a Medical Assistance HMO at the time a prior authorized service is provided, WMAP reimbursement will be allowed only if the service is not covered by the HMO.											
23 MM/DD/YY DATE				24 I.M Authorized REQUESTING PROVIDER SIGNATURE							
(DO NOT WRITE IN THIS SPACE)											
AUTHORIZATION:				GRANT DATE				EXPIRATION DATE			
<input type="checkbox"/> APPROVED <input type="checkbox"/> MODIFIED — REASON: <input type="checkbox"/> DENIED — REASON: <input type="checkbox"/> RETURN — REASON:								PROCEDURE(S) AUTHORIZED QUANTITY AUTHORIZED			
DATE				CONSULTANT/ANALYST SIGNATURE							

ATTACHMENT 5

Allowable ICD-9-CM codes for physical therapy spell of illness approval (organized by codes)

Physical therapy (PT) providers should use the following chart to determine the allowable combinations of *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) codes and statements for spell of illness (SOI) approval. Only one of statements “A” through “F” from the Prior Authorization/Spell of Illness Attachment (PA/SOIA) must be true for SOI approval. The combination of the true statement and the primary ICD-9-CM diagnosis code or the ICD-9-CM surgical procedure code is then used by Wisconsin Medicaid to assign the maximum allowable treatment days for the SOI. Statement “G” must also be true for SOI approval, but it is not used to determine the maximum allowable treatment days.

The statements below are from Element 11 of the PA/SOIA:

- A. The recipient experienced the onset of a new neuromuscular disease, injury, or condition six weeks ago or less.
- B. The recipient experienced the onset of a new musculoskeletal disease, injury, or condition six weeks ago or less.
- C. The recipient experienced the onset of a new problem or complication associated with physiologic disease, injury, or condition six weeks ago or less.
- D. The recipient experienced the onset of a new psychological disease, injury, or condition six weeks ago or less.
- E. The recipient experienced an exacerbation of a pre-existing condition six weeks ago or less.
- F. The recipient experienced a regression of his or her condition due to lack of therapy six weeks ago or less.

AND

- G. There is a reasonable expectation that the recipient will return to his or her previous level of function by the end of this SOI or sooner.

Note: Statement “D” does not apply to PT services.

Columns “A” through “F” in the following chart correspond to statements “A” through “F” from Element 11 of the PA/SOIA. The number of days that follow each letter represent the maximum allowable treatment days that correspond with the condition identified in that statement.

To use this chart:

1. Find the appropriate ICD-9-CM code and description. The diagnosis codes are listed before the surgical procedure codes. The code descriptions are organized alphabetically within these categories (Element 10 of the PA/SOIA).
2. Follow the row across to determine which statement(s) corresponds with the ICD-9-CM code (Element 11 of the PA/SOIA).
3. Follow the appropriate column(s) up to determine the maximum allowable treatment days for the corresponding combination of the ICD-9-CM code and statement.

Some ICD-9-CM codes have more than one allowable statement for SOI approval. Physical therapy providers should determine which statement best describes the recipient’s condition.

Only the ICD-9-CM codes listed in the following chart are available for SOI approval. If the ICD-9-CM code for the PT service is not listed, the provider should submit the Prior Authorization Request Form (PA/RF) and the Prior Authorization/Therapy Attachment (PA/TA).

Continued

Primary ICD-9-CM diagnosis code description	Primary ICD-9-CM diagnosis code	A 19 days	B 11 days	C 15 days	D N/A*	E 16 days	F 17 days
Abdominal aneurysm, ruptured	441.3			X			
Acute infective polyneuritis (Guillain-Barre syndrome; postinfectious polyneuritis)	357.0	X				X	
Acute, but ill-defined, cerebrovascular disease (incl., CVA)	436	X				X	
Ankylosing spondylitis and other inflammatory spondylopathies	720.0-720.9		X				
Anoxic brain damage	348.1	X				X	X
Aortic aneurysm of unspecified site, ruptured	441.5			X			
Arterial embolism and thrombosis of abdominal aorta	444.0			X			
Arterial embolism and thrombosis of thoracic aorta	444.1			X			
Bacterial meningitis	320.0-320.9	X					
Benign paroxysmal positional vertigo	386.11			X			
Brachial neuritis or radiculitis NOS	723.4	X					
Cauda equina syndrome	344.6	X					
Cerebral embolism	434.10-434.11	X				X	
Cerebral laceration and contusion	851.0-851.99	X				X	
Cerebral thrombosis	434.00-434.01	X				X	
Cervicalgia	723.1	X					
Cervicobrachial syndrome (diffuse)	723.3	X					
Complications due to internal joint prosthesis	996.77		X				
Complications due to other internal orthopedic device, implant, and graft	996.78		X				
Complications of reattached extremity or body part	996.91-996.99		X				
Complications of transplanted organ	996.80-996.89			X			
Contracture of joint	718.4						X
Decubitis ulcer	707.0			X			
Diabetes mellitus	250.0-250.93	X					
Disorders of other cranial nerves	352.0-352.9	X					
Dissection of aorta	441.00-441.03			X			
Encephalitis, myelitis, and encephalomyelitis	323.0-323.9	X					
Encephalopathy, unspecified	348.3	X				X	X
Epilepsy	345.0-345.91			X			
Facial nerve disorders (incl., Bell's palsy)	351.0-351.9	X					
Fracture of lower limb	820-829.1		X				
Fracture of pelvis	808.0-808.9		X				
Fracture of upper limb	810-819.1		X				
Gangrene	785.4			X			
Gas gangrene	040.0			X			
Gouty arthropathy	274.0		X				
Head injury, unspecified	959.01	X				X	
Headache	784.0			X			
Hemiplegia and hemiparesis	342.0-342.92	X				X	
Human immunodeficiency virus (HIV) infection	042			X		X	
Huntington's chorea	333.4	X				X	
Infection and inflammatory reaction due to internal joint prosthesis	996.66		X				
Infection and inflammatory reaction due to other internal orthopedic device, implant, and graft	996.67		X				
Internal derangement of knee (incl., Meniscal tears and chondromalacia of patella)	717.0-717.7		X				
Intervertebral disc disorders	722.0-722.93		X				
Intracerebral hemorrhage	431	X				X	
Intracranial injury of other and unspecified nature	854.0-854.19	X				X	

*Statement "D" does not apply to PT services.

Primary ICD-9-CM diagnosis code description	Primary ICD-9-CM diagnosis code	A 19 days	B 11 days	C 15 days	D N/A*	E 16 days	F 17 days
Juvenile chronic polyarthritis	714.30-714.33		X			X	
Kyphoscoliosis and scoliosis	737.30-737.39		X				
Late effects of acute poliomyelitis	138	X					
Late effects of cerebrovascular disease	438.0-438.9					X	
Malignant neoplasm of brain	191.0-191.9	X					
Malignant neoplasm of head, face, and neck	195.0	X					
Mechanical complication of internal orthopedic device, implant, and graft	996.4		X				
Meniere's disease	386.0			X			
Meningitis due to other organisms	321.0-321.8	X					
Meningitis of unspecified cause	322.0-322.9	X					
Migraine	346.0-346.9			X			
Mononeuritis of lower limb and unspecified site	355.0-355.9	X					
Mononeuritis of upper limb and mononeuritis multiplex (incl., Carpal tunnel syndrome)	354.0-354.9	X					
Motor neuron disease (incl., Amyotrophic lateral sclerosis)	335.20-335.29	X				X	
Multiple sclerosis	340	X				X	
Myasthenia gravis	358.0	X				X	
Nerve root and plexus disorders	353.0-353.9	X					
Nontraumatic extradural hemorrhage	432.0	X				X	
Orthostatic hypotension	458.0			X			
Osteoarthritis and allied disorders	715.0-715.9		X				
Other and unspecified intracranial hemorrhage following injury	853.0-853.19	X				X	
Other choreas	333.5	X				X	
Other disorders of synovium, tendon, and bursa (incl., synovitis and tenosynovitis)	727.0-727.09		X				
Other lymphedema	457.1			X		X	
Other unspecified disorders of back (incl., Lumbago, sciatica, backache)	724.0-724.9		X				
Parkinson's disease	332.0-332.1	X				X	
Pathologic fracture	733.10-733.19		X				
Pathological dislocation of joint	718.2		X				
Peripheral enthesopathies and allied syndromes (incl., adhesive capsulitis of shoulder, rotator cuff syndrome, epicondylitis, bursitis, tendinitis)	726.0-726.9		X				
Peroneal muscular atrophy (Charcot-Marie-Tooth disease)	356.1	X					
Postmastectomy lymphedema syndrome	457.0			X		X	
Raynaud's syndrome	443.0			X			
Reflex sympathetic dystrophy	337.20-337.29			X			
Rheumatoid arthritis	714.0		X			X	
Secondary malignant neoplasm of brain and spinal cord	198.3	X					
Secondary malignant neoplasm of other parts of nervous system	198.4	X					
Sickle-cell anemia	282.60-282.69			X		X	
Spasmodic torticollis	333.83		X				
Spinocerebellar disease (ataxias)	334.0-334.9	X				X	
Spondylosis and allied disorders	721.0-721.9		X				
Sprains and strains of joints and adjacent muscles	840-848.9		X				
Subarachnoid hemorrhage	430	X				X	
Subarachnoid, subdural, and extradural hemorrhage, following injury	852.0-852.59	X				X	
Subdural hemorrhage	432.1	X				X	

*Statement "D" does not apply to PT services.

Primary ICD-9-CM diagnosis code description	Primary ICD-9-CM diagnosis code	A 19 days	B 11 days	C 15 days	D N/A*	E 16 days	F 17 days
Systemic lupus erythematosus	710.0			X			
Systemic sclerosis	710.1			X			
Temporomandibular joint disorders	524.60-524.69		X				
Thoracic aneurysm, ruptured	441.1			X			
Thoracoabdominal aneurysm, ruptured	441.6			X			
Torticollis, unspecified	723.5		X				
Toxic encephalopathy	349.82	X				X	X
Traumatic amputation of arm and hand (complete) (partial)	887.0-887.7		X				
Traumatic amputation of foot (complete) (partial)	896.0-896.3		X				
Traumatic amputation of leg(s) (complete) (partial)	897.0-897.7		X				
Traumatic amputation of other finger(s) (complete) (partial)	886.0-886.1		X				
Traumatic amputation of thumb (complete) (partial)	885.0-885.1		X				
Traumatic amputation of toe(s) (complete) (partial)	895.0-895.1		X				
Trigeminal nerve disorders (incl., Trigeminal neuralgia)	350.1-350.9	X					
Ulcer of lower limbs, except decubitus ulcer	707.10-707.9			X			
ICD-9-CM surgical procedure code description	ICD-9-CM surgical procedure code	A 19 days	B 11 days	C 15 days	D N/A*	E 16 days	F 17 days
Amputation of lower limb	84.10-84.19		X				
Amputation of upper limb	84.00-84.09		X				
Arthroplasty and repair of hand, fingers, and wrist	81.71-81.79		X				
Arthroplasty and repair of shoulder and elbow	81.80-81.85		X				
Excision of intervertebral disc	80.51		X				
Excision or destruction of intervertebral disc, unspecified	80.50		X				
Extracranial ventricular shunt	02.31-02.39	X				X	
Five-in-one repair of knee	81.42		X				
Incision of cerebral meninges	01.31	X				X	
Intervertebral chemonucleolysis	80.52		X				
Joint replacement of lower extremity	81.51-81.59		X				
Mastectomy	85.41-85.48		X				
Other craniectomy	01.25	X				X	
Other craniotomy	01.24	X				X	
Repair of cerebral meninges	02.11-02.14	X				X	
Revision, removal, and irrigation of ventricular shunt	02.41-02.43	X				X	
Rotator cuff repair	83.63		X				
Spinal fusion	81.00-81.08		X				
Triad knee repair	81.43		X				

*Statement "D" does not apply to PT services.

ATTACHMENT 6

Allowable ICD-9-CM codes for physical therapy spell of illness approval (organized by statements)

Physical therapy (PT) providers should use the following chart to determine the allowable combinations of *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) codes and statements for spell of illness (SOI) approval. Only one of statements “A” through “F” from the Prior Authorization/Spell of Illness Attachment (PA/SOIA) must be true for SOI approval. The combination of the true statement and the primary ICD-9-CM diagnosis code or the ICD-9-CM surgical procedure code is then used by Wisconsin Medicaid to assign the maximum allowable treatment days for the SOI. Statement “G” must also be true for SOI approval, but it is not used to determine the maximum allowable treatment days.

The statements below are from Element 11 of the PA/SOIA:

- A. The recipient experienced the onset of a new neuromuscular disease, injury, or condition six weeks ago or less.
- B. The recipient experienced the onset of a new musculoskeletal disease, injury, or condition six weeks ago or less.
- C. The recipient experienced the onset of a new problem or complication associated with physiologic disease, injury, or condition six weeks ago or less.
- D. The recipient experienced the onset of a new psychological disease, injury, or condition six weeks ago or less.
- E. The recipient experienced an exacerbation of a pre-existing condition six weeks ago or less.
- F. The recipient experienced a regression of his or her condition due to lack of therapy six weeks ago or less.

AND

- G. There is a reasonable expectation that the recipient will return to his or her previous level of function by the end of this SOI or sooner.

Note: Statement “D” does not apply to PT services.

Each chart is specific to one of the above statements. The statement and the maximum allowable treatment days are provided at the top of each chart.

To use these charts:

1. Find the chart that corresponds to the true statement (Element 11 of the PA/SOIA).
2. Find the appropriate ICD-9-CM code and description. The diagnosis codes are listed before the surgical procedure codes. The code descriptions are organized alphabetically within these categories (Element 10 of the PA/SOIA).
3. If the ICD-9-CM code is listed in the chart, refer to the statement at the top of the chart for the maximum allowable treatment days for the corresponding combination of the ICD-9-CM code and statement.
4. If the ICD-9-CM code is not listed in the chart, the combination of the code and statement does not allow for SOI approval. The ICD-9-CM code may be listed under another statement.

Some ICD-9-CM codes have more than one allowable statement for SOI approval. Physical therapy providers should determine which statement best describes the recipient’s condition.

Only the ICD-9-CM codes listed in the following charts are available for SOI approval. If the ICD-9-CM code for the PT service is not listed, the provider should submit the Prior Authorization Request Form (PA/RF) and the Prior Authorization/Therapy Attachment (PA/TA).

Continued

Statement A — The recipient experienced the onset of a new neuromuscular disease, injury, or condition six weeks ago or less. Providers will be allowed **19 days** for an SOI with one of the following ICD-9-CM codes.

Primary ICD-9-CM diagnosis code description	Primary ICD-9-CM diagnosis code
Acute infective polyneuritis (Guillain-Barre syndrome; postinfectious polyneuritis)	357.0
Acute, but ill-defined, cerebrovascular disease (incl., CVA)	436
Anoxic brain damage	348.1
Bacterial meningitis	320.0-320.9
Brachial neuritis or radiculitis NOS	723.4
Cauda equina syndrome	344.6
Cerebral embolism	434.10-434.11
Cerebral laceration and contusion	851.0-851.99
Cerebral thrombosis	434.00-434.01
Cervicalgia	723.1
Cervicobrachial syndrome (diffuse)	723.3
Diabetes mellitus	250.0-250.93
Disorders of other cranial nerves	352.0-352.9
Encephalitis, myelitis, and encephalomyelitis	323.0-323.9
Encephalopathy, unspecified	348.3
Facial nerve disorders (incl., Bell's palsy)	351.0-351.9
Head injury, unspecified	959.01
Hemiplegia and hemiparesis	342.0-342.92
Huntington's chorea	333.4
Intracerebral hemorrhage	431
Intracranial injury of other and unspecified nature	854.0-854.19
Late effects of acute poliomyelitis	138
Malignant neoplasm of brain	191.0-191.9
Malignant neoplasm of head, face, and neck	195.0
Meningitis due to other organisms	321.0-321.8
Meningitis of unspecified cause	322.0-322.9
Mononeuritis of lower limb and unspecified site	355.0-355.9
Mononeuritis of upper limb and mononeuritis multiplex (incl., Carpal tunnel syndrome)	354.0-354.9
Motor neuron disease (incl., Amyotrophic lateral sclerosis)	335.20-335.29
Multiple sclerosis	340
Myasthenia gravis	358.0
Nerve root and plexus disorders	353.0-353.9
Nontraumatic extradural hemorrhage	432.0
Other and unspecified intracranial hemorrhage following injury	853.0-853.19
Other choreas	333.5
Parkinson's disease	332.0-332.1
Peroneal muscular atrophy (Charcot-Marie-Tooth disease)	356.1
Secondary malignant neoplasm of brain and spinal cord	198.3
Secondary malignant neoplasm of other parts of nervous system	198.4
Spinocerebellar disease (ataxias)	334.0-334.9
Subarachnoid hemorrhage	430
Subarachnoid, subdural, and extradural hemorrhage, following injury	852.0-852.59
Subdural hemorrhage	432.1
Toxic encephalopathy	349.82
Trigeminal nerve disorders (incl., Trigeminal neuralgia)	350.1-350.9
ICD-9-CM surgical procedure code description	ICD-9-CM surgical procedure code
Extracranial ventricular shunt	02.31-02.39
Incision of cerebral meninges	01.31
Other craniectomy	01.25
Other craniotomy	01.24
Repair of cerebral meninges	02.11-02.14
Revision, removal, and irrigation of ventricular shunt	02.41-02.43

Statement B — The recipient experienced the onset of a new musculoskeletal disease, injury, or condition six weeks ago or less. Providers will be allowed **11 days** for an SOI with one of the following ICD-9-CM codes.

Primary ICD-9-CM diagnosis code description	Primary ICD-9-CM diagnosis code
Ankylosing spondylitis and other inflammatory spondylopathies	720.0-720.9
Complications due to internal joint prosthesis	996.77
Complications due to other internal orthopedic device, implant, and graft	996.78
Complications of reattached extremity or body part	996.91-996.99
Fracture of lower limb	820-829.1
Fracture of pelvis	808.0-808.9
Fracture of upper limb	810-819.1
Gouty arthropathy	274.0
Infection and inflammatory reaction due to internal joint prosthesis	996.66
Infection and inflammatory reaction due to other internal orthopedic device, implant, and graft	996.67
Internal derangement of knee (incl., Meniscal tears and chondromalacia of patella)	717.0-717.7
Intervertebral disc disorders	722.0-722.93
Juvenile chronic polyarthritis	714.30-714.33
Kyphoscoliosis and scoliosis	737.30-737.39
Mechanical complication of internal orthopedic device, implant, and graft	996.4
Osteoarthritis and allied disorders	715.0-715.9
Other disorders of synovium, tendon, and bursa (incl., synovitis and tenosynovitis)	727.0-727.09
Other unspecified disorders of back (incl., Lumbago, sciatica, backache)	724.0-724.9
Pathologic fracture	733.10-733.19
Pathological dislocation of joint	718.2
Peripheral enthesopathies and allied syndromes (incl., adhesive capsulitis of shoulder, rotator cuff syndrome, epicondylitis, bursitis, tendinitis)	726.0-726.9
Rheumatoid arthritis	714.0
Spasmodic torticollis	333.83
Sprains and strains of joints and adjacent muscles	840-848.9
Temporomandibular joint disorders	524.60-524.69
Torticollis, unspecified	723.5
Traumatic amputation of arm and hand (complete) (partial)	887.0-887.7
Traumatic amputation of foot (complete) (partial)	896.0-896.3
Traumatic amputation of leg(s) (complete) (partial)	897.0-897.7
Traumatic amputation of other finger(s) (complete) (partial)	886.0-886.1
Traumatic amputation of thumb (complete) (partial)	885.0-885.1
Traumatic amputation of toe(s) (complete) (partial)	895.0-895.1
ICD-9-CM surgical procedure code description	ICD-9-CM surgical procedure code
Amputation of lower limb	84.10-84.19
Amputation of upper limb	84.00-84.09
Arthroplasty and repair of hand, fingers, and wrist	81.71-81.79
Arthroplasty and repair of shoulder and elbow	81.80-81.85
Excision of intervertebral disc	80.51
Excision or destruction of intervertebral disc, unspecified	80.50
Five-in-one repair of knee	81.42
Intervertebral chemonucleolysis	80.52
Joint replacement of lower extremity	81.51-81.59
Mastectomy	85.41-85.48
Rotator cuff repair	83.63
Spinal fusion	81.00-81.08
Triad knee repair	81.43

Statement C — The recipient experienced the onset of a new problem or complication associated with physiologic disease, injury, or condition six weeks ago or less. Providers will be allowed **15 days** for an SOI with one of the following ICD-9-CM codes.

Primary ICD-9-CM diagnosis code description	Primary ICD-9-CM diagnosis code
Abdominal aneurysm, ruptured	441.3
Aortic aneurysm of unspecified site, ruptured	441.5
Arterial embolism and thrombosis of abdominal aorta	444.0
Arterial embolism and thrombosis of thoracic aorta	444.1
Benign paroxysmal positional vertigo	386.11
Complications of transplanted organ	996.80-996.89
Decubitis ulcer	707.0
Dissection of aorta	441.00-441.03
Epilepsy	345.0-345.91
Gangrene	785.4
Gas gangrene	040.0
Headache	784.0
Human immunodeficiency virus (HIV) infection	042
Meniere's disease	386.0
Migraine	346.0-346.9
Orthostatic hypotension	458.0
Other lymphedema	457.1
Postmastectomy lymphedema syndrome	457.0
Raynaud's syndrome	443.0
Reflex sympathetic dystrophy	337.20-337.29
Sickle-cell anemia	282.60-282.69
Systemic lupus erythematosus	710.0
Systemic sclerosis	710.1
Thoracic aneurysm, ruptured	441.1
Thoracoabdominal aneurysm, ruptured	441.6
Ulcer of lower limbs, except decubitus ulcer	707.10-707.9

Statement D — The recipient experienced the onset of a new psychological disease, injury, or condition six weeks ago or less. **This statement does not apply to PT services.**

Statement E — The recipient experienced an exacerbation of a pre-existing condition six weeks ago or less. Providers will be allowed **16 days** for an SOI with one of the following ICD-9-CM codes.

Primary ICD-9-CM diagnosis code description	Primary ICD-9-CM diagnosis code
Acute infective polyneuritis (Guillain-Barre syndrome; postinfectious polyneuritis)	357.0
Acute, but ill-defined, cerebrovascular disease (incl., CVA)	436
Anoxic brain damage	348.1
Cerebral embolism	434.10-434.11
Cerebral laceration and contusion	851.0-851.99
Cerebral thrombosis	434.00-434.01
Encephalopathy, unspecified	348.3
Head injury, unspecified	959.01
Hemiplegia and hemiparesis	342.0-342.92
Human immunodeficiency virus (HIV) infection	042
Huntington's chorea	333.4
Intracerebral hemorrhage	431
Intracranial injury of other and unspecified nature	854.0-854.19
Juvenile chronic polyarthritis	714.30-714.33

Statement E (continued) — The recipient experienced an exacerbation of a pre-existing condition six weeks ago or less. Providers will be allowed **16 days** for an SOI with one of the following ICD-9-CM codes.

Primary ICD-9-CM diagnosis code description	Primary ICD-9-CM diagnosis code
Late effects of cerebrovascular disease	438.0-438.9
Motor neuron disease (incl., Amyotrophic lateral sclerosis)	335.20-335.29
Multiple sclerosis	340
Myasthenia gravis	358.0
Nontraumatic extradural hemorrhage	432.0
Other and unspecified intracranial hemorrhage following injury	853.0-853.19
Other choreas	333.5
Other lymphedema	457.1
Parkinson's disease	332.0-332.1
Postmastectomy lymphedema syndrome	457.0
Rheumatoid arthritis	714.0
Sickle-cell anemia	282.60-282.69
Spinocerebellar disease (ataxias)	334.0-334.9
Subarachnoid hemorrhage	430
Subarachnoid, subdural, and extradural hemorrhage, following injury	852.0-852.59
Subdural hemorrhage	432.1
Toxic encephalopathy	349.82
ICD-9-CM surgical procedure code description	ICD-9-CM surgical procedure code
Extracranial ventricular shunt	02.31-02.39
Incision of cerebral meninges	01.31
Other craniectomy	01.25
Other craniotomy	01.24
Repair of cerebral meninges	02.11-02.14
Revision, removal, and irrigation of ventricular shunt	02.41-02.43

Statement F — The recipient experienced a regression of his or her condition due to lack of therapy six weeks ago or less. Providers will be allowed **17 days** for an SOI with one of the following ICD-9-CM codes.

Primary ICD-9-CM diagnosis code description	Primary ICD-9-CM diagnosis code
Anoxic brain damage	348.1
Contracture of joint	718.4
Encephalopathy, unspecified	348.3
Toxic encephalopathy	349.82

ATTACHMENT 7

Allowable ICD-9-CM codes for occupational therapy spell of illness approval (organized by codes)

Occupational therapy (OT) providers should use the following chart to determine the allowable combinations of *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) codes and statements for spell of illness (SOI) approval. Only one of statements “A” through “F” from the Prior Authorization/Spell of Illness Attachment (PA/SOIA) must be true for SOI approval. The combination of the true statement and the primary ICD-9-CM diagnosis code or the ICD-9-CM surgical procedure code is then used by Wisconsin Medicaid to assign the maximum allowable treatment days for the SOI. Statement “G” must also be true for SOI approval, but it is not used to determine the maximum allowable treatment days.

The statements below are from Element 11 of the PA/SOIA:

- A. The recipient experienced the onset of a new neuromuscular disease, injury, or condition six weeks ago or less.
- B. The recipient experienced the onset of a new musculoskeletal disease, injury, or condition six weeks ago or less.
- C. The recipient experienced the onset of a new problem or complication associated with physiologic disease, injury, or condition six weeks ago or less.
- D. The recipient experienced the onset of a new psychological disease, injury, or condition six weeks ago or less.
- E. The recipient experienced an exacerbation of a pre-existing condition six weeks ago or less.
- F. The recipient experienced a regression of his or her condition due to lack of therapy six weeks ago or less.

AND

- G. There is a reasonable expectation that the recipient will return to his or her previous level of function by the end of this SOI or sooner.

Columns “A” through “F” in the following chart correspond to statements “A” through “F” from Element 11 of the PA/SOIA. The number of days that follow each letter represent the maximum allowable treatment days that correspond with the condition identified in that statement.

To use this chart:

1. Find the appropriate ICD-9-CM code and description. The diagnosis codes are listed before the surgical procedure codes. The code descriptions are organized alphabetically within these categories (Element 10 of the PA/SOIA).
2. Follow the row across to determine which statement(s) corresponds with the ICD-9-CM code (Element 11 of the PA/SOIA).
3. Follow the appropriate column(s) up to determine the maximum allowable treatment days for the corresponding combination of the ICD-9-CM code and statement.

Some ICD-9-CM codes have more than one allowable statement for SOI approval. Occupational therapy providers should determine which statement best describes the recipient’s condition.

Only the ICD-9-CM codes listed in the following chart are available for SOI approval. If the ICD-9-CM code for the OT service is not listed, the provider should submit the Prior Authorization Request Form (PA/RF) and the Prior Authorization/Therapy Attachment (PA/TA).

Continued

Primary ICD-9-CM diagnosis code description	Primary ICD-9-CM diagnosis code	A 12 days	B 16 days	C 18 days	D 0 days	E 8 days	F 11 days
Acute infective polyneuritis (Guillain-Barre syndrome; postinfectious polyneuritis)	357.0	X				X	
Acute, but ill-defined, cerebrovascular disease (incl., CVA)	436	X				X	
Affective personality disorder, unspecified	301.10				X		
Affective psychoses	296.0-296.9				X		
Anoxic brain damage	348.1	X				X	
Anxiety states (incl., panic disorder)	300.00-300.09				X		
Bacterial meningitis	320.0-320.9	X					
Brachial plexus lesions	353.0	X					
Cerebral embolism	434.10-434.11	X				X	
Cerebral laceration and contusion	851.0-851.99	X				X	
Cerebral thrombosis	434.00-434.01	X				X	
Chronic depressive personality disorder	301.12				X		
Contracture of joint	718.4						X
Contracture of palmar fascia (Dupuytren's contracture)	728.6		X				
Diabetes mellitus	250.0-250.93	X					
Disorders of other cranial nerves	352.0-352.9	X					
Encephalitis, myelitis, and encephalomyelitis	323.0-323.9	X					
Encephalopathy, unspecified	348.3	X				X	X
Epilepsy	345.0-345.91			X			
Explosive personality disorder	301.3				X		
Facial nerve disorders (incl., Bell's palsy)	351.0-351.9	X					
Fracture of lower limb	820-829.1		X				
Fracture of pelvis	808.0-808.9		X				
Fracture of upper limb	810-819.1		X				
Ganglion and cyst of synovium, tendon, and bursa	727.40-727.49		X				
Head injury, unspecified	959.01	X				X	
Hemiplegia and hemiparesis	342.0-342.92	X				X	
Human immunodeficiency virus (HIV) infection	042			X		X	
Huntington's chorea	333.4	X				X	
Intracerebral hemorrhage	431	X				X	
Intracranial injury of other and unspecified nature	854.0-854.19	X				X	
Juvenile chronic polyarthritis	714.30-714.33		X			X	
Late effects of acute poliomyelitis	138	X					
Late effects of cerebrovascular disease	438.0-438.9					X	
Malignant neoplasm of brain	191.0-191.9	X					
Malignant neoplasm of head, face, and neck	195.0	X					
Meningitis due to other organisms	321.0-321.8	X					
Meningitis of unspecified cause	322.0-322.9	X					
Mononeuritis of upper limb and mononeuritis multiplex (incl., Carpal tunnel syndrome)	354.0-354.9	X					
Motor neuron disease (incl., Amyotrophic lateral sclerosis)	335.20-335.29	X				X	
Multiple sclerosis	340	X				X	
Myasthenia gravis	358.0	X				X	
Nontraumatic extradural hemorrhage	432.0	X				X	
Obsessive-compulsive disorders	300.3				X		
Organic personality syndrome	310.1				X		
Osteoarthritis and allied disorders	715.0-715.9		X				
Other and unspecified intracranial hemorrhage following injury	853.0-853.19	X				X	
Other choreas	333.5	X				X	
Other lymphedema	457.1			X		X	
Other nonorganic psychoses	298.0-298.9				X		
Other tenosynovitis of hand and wrist	727.05		X				
Paranoid personality disorder	301.0				X		
Paranoid state (Delusional disorders)	297.0-297.9				X		

Primary ICD-9-CM diagnosis code description	Primary ICD-9-CM diagnosis code	A 12 days	B 16 days	C 18 days	D 0 days	E 8 days	F 11 days
Parkinson's disease	332.0-332.1	X				X	
Pathologic fracture	733.10-733.19		X				
Peripheral enthesopathies and allied syndromes (incl., adhesive capsulitis of shoulder, rotator cuff syndrome, epicondylitis, bursitis, tendinitis)	726.0-726.9		X				
Peroneal muscular atrophy (Charcot-Marie-Tooth disease)	356.1	X				X	
Postmastectomy lymphedema syndrome	457.0			X		X	
Psychoses with origin specific to childhood	299.0-299.9				X		
Radial styloid tenosynovitis (de Quervain's disease)	727.04		X				
Reflex sympathetic dystrophy	337.20-337.29			X			
Rheumatoid arthritis	714.0		X			X	
Rupture of tendon, nontraumatic (rotator cuff, long head of biceps, hand/wrist extensor/flexor tendons)	727.60-727.64		X				
Schizophrenic disorders	295.0-295.9				X		
Secondary malignant neoplasm of brain and spinal cord	198.3	X					
Secondary malignant neoplasm of other parts of nervous system	198.4	X					
Sickle-cell anemia	282.60-282.69			X		X	
Spinocerebellar disease (ataxias)	334.0-334.9	X				X	
Sprains and strains of joints and adjacent muscles	840-848.9		X				
Subarachnoid hemorrhage	430	X				X	
Subarachnoid, subdural, and extradural hemorrhage, following injury	852.0-852.59	X				X	
Subdural hemorrhage	432.1	X				X	
Systemic lupus erythematosus	710.0			X			
Systemic sclerosis	710.1			X			
Temporomandibular joint disorders	524.60-524.69			X			
Toxic encephalopathy	349.82	X				X	X
Traumatic amputation of arm and hand (complete) (partial)	887.0-887.7		X				
Traumatic amputation of foot (complete) (partial)	896.0-896.3		X				
Traumatic amputation of leg(s) (complete) (partial)	897.0-897.7		X				
Traumatic amputation of other finger(s) (complete) (partial)	886.0-886.1		X				
Traumatic amputation of thumb (complete) (partial)	885.0-885.1		X				
Traumatic amputation of toe(s) (complete) (partial)	895.0-895.1		X				
Trigeminal nerve disorders (incl., Trigeminal neuralgia)	350.1-350.9	X					
Trigger finger (acquired)	727.03		X				
ICD-9-CM surgical procedure code description	ICD-9-CM surgical procedure code	A 12 days	B 16 days	C 18 days	D 0 days	E 8 days	F 11 days
Amputation of lower limb	84.10-84.19		X				
Amputation of upper limb	84.00-84.09		X				
Arthroplasty and repair of hand, fingers, and wrist	81.71-81.79		X				
Arthroplasty and repair of shoulder and elbow	81.80-81.85		X				
Extracranial ventricular shunt	02.31-02.39	X				X	
Incision of cerebral meninges	01.31	X				X	
Mastectomy	85.41-85.48		X				
Other craniectomy	01.25	X				X	
Other craniotomy	01.24	X				X	
Repair of cerebral meninges	02.11-02.14	X				X	
Revision, removal, and irrigation of ventricular shunt	02.41-02.43	X				X	
Rotator cuff repair	83.63		X				

ATTACHMENT 8

Allowable ICD-9-CM codes for occupational therapy spell of illness approval (organized by statements)

Occupational therapy (OT) providers should use the following chart to determine the allowable combinations of *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) codes and statements for spell of illness (SOI) approval. Only one of statements “A” through “F” from the Prior Authorization/Spell of Illness Attachment (PA/SOIA) must be true for SOI approval. The combination of the true statement and the primary ICD-9-CM diagnosis code or the ICD-9-CM surgical procedure code is then used by Wisconsin Medicaid to assign the maximum allowable treatment days for the SOI. Statement “G” must also be true for SOI approval, but it is not used to determine the maximum allowable treatment days.

The statements below are from Element 11 of the PA/SOIA:

- A. The recipient experienced the onset of a new neuromuscular disease, injury, or condition six weeks ago or less.
- B. The recipient experienced the onset of a new musculoskeletal disease, injury, or condition six weeks ago or less.
- C. The recipient experienced the onset of a new problem or complication associated with physiologic disease, injury, or condition six weeks ago or less.
- D. The recipient experienced the onset of a new psychological disease, injury, or condition six weeks ago or less.
- E. The recipient experienced an exacerbation of a pre-existing condition six weeks ago or less.
- F. The recipient experienced a regression of his or her condition due to lack of therapy six weeks ago or less.

AND

- G. There is a reasonable expectation that the recipient will return to his or her previous level of function by the end of this SOI or sooner.

Each chart is specific to one of the above statements. The statement and the maximum allowable treatment days are provided at the top of each chart.

To use these charts:

1. Find the chart that corresponds to the true statement (Element 11 of the PA/SOIA).
2. Find the appropriate ICD-9-CM code and description. The diagnosis codes are listed before the surgical procedure codes. The code descriptions are organized alphabetically within these categories (Element 10 of the PA/SOIA).
3. If the ICD-9-CM code is listed in the chart, refer to the statement at the top of the chart for the maximum allowable treatment days for the corresponding combination of the ICD-9-CM code and statement.
4. If the ICD-9-CM code is not listed in the chart, the combination of the code and statement does not allow for SOI approval. The ICD-9-CM code may be listed under another statement.

Some ICD-9-CM codes have more than one allowable statement for SOI approval. Occupational therapy providers should determine which statement best describes the recipient’s condition.

Only the ICD-9-CM codes listed in the following charts are available for SOI approval. If the ICD-9-CM code for the OT service is not listed, the provider should submit the Prior Authorization Request Form (PA/RF) and the Prior Authorization/Therapy Attachment (PA/TA).

Continued

Statement A — The recipient experienced the onset of a new neuromuscular disease, injury, or condition six weeks ago or less. Providers will be allowed **12 days** for an SOI with one of the following ICD-9-CM codes.

Primary ICD-9-CM diagnosis code description	Primary ICD-9-CM diagnosis code
Acute infective polyneuritis (Guillain-Barre syndrome; postinfectious polyneuritis)	357.0
Acute, but ill-defined, cerebrovascular disease (incl., CVA)	436
Anoxic brain damage	348.1
Bacterial meningitis	320.0-320.9
Brachial plexus lesions	353.0
Cerebral embolism	434.10-434.11
Cerebral laceration and contusion	851.0-851.99
Cerebral thrombosis	434.00-434.01
Diabetes mellitus	250.0-250.93
Disorders of other cranial nerves	352.0-352.9
Encephalitis, myelitis, and encephalomyelitis	323.0-323.9
Encephalopathy, unspecified	348.3
Facial nerve disorders (incl., Bell's palsy)	351.0-351.9
Head injury, unspecified	959.01
Hemiplegia and hemiparesis	342.0-342.92
Huntington's chorea	333.4
Intracerebral hemorrhage	431
Intracranial injury of other and unspecified nature	854.0-854.19
Late effects of acute poliomyelitis	138
Malignant neoplasm of brain	191.0-191.9
Malignant neoplasm of head, face, and neck	195.0
Meningitis due to other organisms	321.0-321.8
Meningitis of unspecified cause	322.0-322.9
Mononeuritis of upper limb and mononeuritis multiplex (incl., Carpal tunnel syndrome)	354.0-354.9
Motor neuron disease (incl., Amyotrophic lateral sclerosis)	335.20-335.29
Multiple sclerosis	340
Myasthenia gravis	358.0
Nontraumatic extradural hemorrhage	432.0
Other and unspecified intracranial hemorrhage following injury	853.0-853.19
Other choreas	333.5
Parkinson's disease	332.0-332.1
Peroneal muscular atrophy (Charcot-Marie-Tooth disease)	356.1
Secondary malignant neoplasm of brain and spinal cord	198.3
Secondary malignant neoplasm of other parts of nervous system	198.4
Spinocerebellar disease (ataxias)	334.0-334.9
Subarachnoid hemorrhage	430
Subarachnoid, subdural, and extradural hemorrhage, following injury	852.0-852.59
Subdural hemorrhage	432.1
Toxic encephalopathy	349.82
Trigeminal nerve disorders (incl., Trigeminal neuralgia)	350.1-350.9
ICD-9-CM surgical procedure code description	Primary ICD-9-CM diagnosis code
Extracranial ventricular shunt	02.31-02.39
Incision of cerebral meninges	01.31
Other craniectomy	01.25
Other craniotomy	01.24
Repair of cerebral meninges	02.11-02.14
Revision, removal, and irrigation of ventricular shunt	02.41-02.43

Statement B — The recipient experienced the onset of a new musculoskeletal disease, injury, or condition six weeks ago or less. Providers will be allowed 16 days for an SOI with one of the following ICD-9-CM codes.	
Primary ICD-9-CM diagnosis code description	Primary ICD-9-CM diagnosis code
Contracture of palmar fascia (Dupuytren's contracture)	728.6
Fracture of lower limb	820-829.1
Fracture of pelvis	808.0-808.9
Fracture of upper limb	810-819.1
Ganglion and cyst of synovium, tendon, and bursa	727.40-727.49
Juvenile chronic polyarthritis	714.30-714.33
Osteoarthritis and allied disorders	715.0-715.9
Other tenosynovitis of hand and wrist	727.05
Pathologic fracture	733.10-733.19
Peripheral enthesopathies and allied syndromes (incl., adhesive capsulitis of shoulder, rotator cuff syndrome, epicondylitis, bursitis, tendinitis)	726.0-726.9
Radial styloid tenosynovitis (de Quervain's disease)	727.04
Rheumatoid arthritis	714.0
Rupture of tendon, nontraumatic (rotator cuff, long head of biceps, hand/wrist extensor/flexor tendons)	727.60-727.64
Sprains and strains of joints and adjacent muscles	840-848.9
Traumatic amputation of arm and hand (complete) (partial)	887.0-887.7
Traumatic amputation of foot (complete) (partial)	896.0-896.3
Traumatic amputation of leg(s) (complete) (partial)	897.0-897.7
Traumatic amputation of other finger(s) (complete) (partial)	886.0-886.1
Traumatic amputation of thumb (complete) (partial)	885.0-885.1
Traumatic amputation of toe(s) (complete) (partial)	895.0-895.1
Trigger finger (acquired)	727.03
ICD-9-CM surgical procedure code description	ICD-9-CM surgical procedure code
Amputation of lower limb	84.10-84.19
Amputation of upper limb	84.00-84.09
Arthroplasty and repair of hand, fingers, and wrist	81.71-81.79
Arthroplasty and repair of shoulder and elbow	81.80-81.85
Mastectomy	85.41-85.48
Rotator cuff repair	83.63

Statement C — The recipient experienced the onset of a new problem or complication associated with physiologic disease, injury, or condition six weeks ago or less. Providers will be allowed 18 days for an SOI with one of the following ICD-9-CM codes.	
Primary ICD-9-CM diagnosis code description	Primary ICD-9-CM diagnosis code
Epilepsy	345.0-345.91
Human immunodeficiency virus (HIV) infection	042
Other lymphedema	457.1
Postmastectomy lymphedema syndrome	457.0
Reflex sympathetic dystrophy	337.20-337.29
Sickle-cell anemia	282.60-282.69
Systemic lupus erythematosus	710.0
Systemic sclerosis	710.1
Temporomandibular joint disorders	524.60-524.69

Statement D — The recipient experienced the onset of a new psychological disease, injury, or condition six weeks ago or less. Providers will be allowed **zero days** for an SOI with one of the following ICD-9-CM codes.

Primary ICD-9-CM diagnosis code description	Primary ICD-9-CM diagnosis code
Affective personality disorder, unspecified	301.10
Affective psychoses	296.0-296.9
Anxiety states (incl., panic disorder)	300.00-300.09
Chronic depressive personality disorder	301.12
Explosive personality disorder	301.3
Obsessive-compulsive disorders	300.3
Organic personality syndrome	310.1
Other nonorganic psychoses	298.0-298.9
Paranoid personality disorder	301.0
Paranoid state (Delusional disorders)	297.0-297.9
Psychoses with origin specific to childhood	299.0-299.9
Schizophrenic disorders	295.0-295.9

Statement E — The recipient experienced an exacerbation of a pre-existing condition six weeks ago or less. Providers will be allowed **eight days** for an SOI with one of the following ICD-9-CM codes.

Primary ICD-9-CM diagnosis code description	Primary ICD-9-CM diagnosis code
Acute infective polyneuritis (Guillain-Barre syndrome; postinfectious polyneuritis)	357.0
Acute, but ill-defined, cerebrovascular disease (incl., CVA)	436
Anoxic brain damage	348.1
Cerebral embolism	434.10-434.11
Cerebral laceration and contusion	851.0-851.99
Cerebral thrombosis	434.00-434.01
Encephalopathy, unspecified	348.3
Head injury, unspecified	959.01
Hemiplegia and hemiparesis	342.0-342.92
Human immunodeficiency virus (HIV) infection	042
Huntington's chorea	333.4
Intracerebral hemorrhage	431
Intracranial injury of other and unspecified nature	854.0-854.19
Juvenile chronic polyarthritis	714.30-714.33
Late effects of cerebrovascular disease	438.0-438.9
Motor neuron disease (incl., Amyotrophic lateral sclerosis)	335.20-335.29
Multiple sclerosis	340
Myasthenia gravis	358.0
Nontraumatic extradural hemorrhage	432.0
Other and unspecified intracranial hemorrhage following injury	853.0-853.19
Other choreas	333.5
Other lymphedema	457.1
Parkinson's disease	332.0-332.1
Peroneal muscular atrophy (Charcot-Marie-Tooth disease)	356.1
Postmastectomy lymphedema syndrome	457.0
Rheumatoid arthritis	714.0
Sickle-cell anemia	282.60-282.69
Spinocerebellar disease (ataxias)	334.0-334.9
Subarachnoid hemorrhage	430
Subarachnoid, subdural, and extradural hemorrhage, following injury	852.0-852.59
Subdural hemorrhage	432.1
Toxic encephalopathy	349.82

Statement E (continued) — The recipient experienced an exacerbation of a pre-existing condition six weeks ago or less. Providers will be allowed **eight days** for an SOI with one of the following ICD-9-CM codes.

ICD-9-CM surgical procedure code description	ICD-9-CM surgical procedure code
Extracranial ventricular shunt	02.31-02.39
Incision of cerebral meninges	01.31
Other craniectomy	01.25
Other craniotomy	01.24
Repair of cerebral meninges	02.11-02.14
Revision, removal, and irrigation of ventricular shunt	02.41-02.43

Statement F — The recipient experienced a regression of his or her condition due to lack of therapy six weeks ago or less. Providers will be allowed **11 days** for an SOI with one of the following ICD-9-CM codes.

Primary ICD-9-CM diagnosis code description	Primary ICD-9-CM diagnosis code
Contracture of joint	718.4
Encephalopathy, unspecified	348.3
Toxic encephalopathy	349.82

ATTACHMENT 9

Allowable ICD-9-CM codes for speech and language pathology spell of illness approval (organized by codes)

Speech and language pathology (SLP) providers should use the following chart to determine the allowable combinations of *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) codes and statements for spell of illness (SOI) approval. Only one of statements “A” through “F” from the Prior Authorization/Spell of Illness Attachment (PA/SOIA) must be true for SOI approval. The combination of the true statement and the primary ICD-9-CM diagnosis code or the ICD-9-CM surgical procedure code is then used by Wisconsin Medicaid to assign the maximum allowable treatment days for the SOI. Statement “G” must also be true for SOI approval, but it is not used to determine the maximum allowable treatment days.

The statements below are from Element 11 of the PA/SOIA:

- A. The recipient experienced the onset of a new neuromuscular disease, injury, or condition six weeks ago or less.
- B. The recipient experienced the onset of a new musculoskeletal disease, injury, or condition six weeks ago or less.
- C. The recipient experienced the onset of a new problem or complication associated with physiologic disease, injury, or condition six weeks ago or less.
- D. The recipient experienced the onset of a new psychological disease, injury, or condition six weeks ago or less.
- E. The recipient experienced an exacerbation of a pre-existing condition six weeks ago or less.
- F. The recipient experienced a regression of his or her condition due to lack of therapy six weeks ago or less.

AND

- G. There is a reasonable expectation that the recipient will return to his or her previous level of function by the end of this SOI or sooner.

Note: Statements “C,” “D,” and “F” do not apply to SLP services.

Columns “A” through “F” correspond to statements “A” through “F” from Element 11 of the PA/SOIA. The number of days that follow each letter represent the maximum allowable treatment days that correspond with the condition identified in that statement.

To use this chart:

1. Find the appropriate ICD-9-CM code and description. The diagnosis codes are listed before the surgical procedure codes. The code descriptions are organized alphabetically within these categories (Element 10 of the PA/SOIA).
2. Follow the row across to determine which statement(s) corresponds with the ICD-9-CM code (Element 11 of the PA/SOIA).
3. Follow the appropriate column(s) up to determine the maximum allowable treatment days for the corresponding combination of the ICD-9-CM code and statement.

Some ICD-9-CM codes have more than one allowable statement for SOI approval. Speech and language pathology providers should determine which statement best describes the recipient’s condition.

Only the ICD-9-CM codes listed in the following chart are available for SOI approval. If the ICD-9-CM code for the SLP service is not listed, the provider should submit the Prior Authorization Request Form (PA/RF) and the Prior Authorization/Therapy Attachment (PA/TA).

Continued

Primary ICD-9-CM diagnosis code description	Primary ICD-9-CM diagnosis code	A 16 days	B 16 days	C N/A*	D N/A*	E 12 days	F N/A*
Abdominal aneurysm, ruptured	441.3	X					
Acute infective polyneuritis (Guillain-Barre syndrome; postinfectious polyneuritis)	357.0	X					
Acute, but ill-defined, cerebrovascular disease (incl., CVA)	436	X					
Anoxic brain damage	348.1	X					
Aortic aneurysm of unspecified site, ruptured	441.5	X					
Aphasia	784.3	X					
Arterial embolism and thrombosis of abdominal aorta	444.0	X					
Arterial embolism and thrombosis of thoracic aorta	444.1	X					
Bacterial meningitis	320.0-320.9	X					
Benign neoplasm of lip, oral cavity, and pharynx	210.0-210.9	X	X				
Cellulitis and perichondritis of larynx	478.71	X					
Cerebral cysts	348.0	X					
Cerebral edema	348.5	X					
Cerebral embolism	434.10-434.11	X					
Cerebral laceration and contusion	851.0-851.99	X					
Cerebral thrombosis	434.00-434.01	X					
Complications of transplanted organ	996.80-996.89	X					
Compression of brain	348.4	X					
Concussion, with prolonged loss of consciousness and return to pre-existing conscious level	850.3	X					
Concussion, with prolonged loss of consciousness without return to pre-existing conscious level	850.4	X					
Cyst of pharynx or nasopharynx	478.26	X					
Diabetes insipidus	253.5	X					
Diabetes mellitus	250.0-250.93	X					
Diffuse diseases of connective tissue	710.0-710.9	X				X	
Disorders of other cranial nerves	352.0-352.9	X					
Dissection of aorta	441.00-441.03	X					
Edema of larynx	478.6	X					
Edema of pharynx or nasopharynx	478.25	X					
Encephalitis, myelitis, and encephalomyelitis	323.0-323.9	X					
Encephalopathy, unspecified	348.3	X					
Epilepsy	345.0-345.91	X					
Facial nerve disorders (incl., Bell's palsy)	351.0-351.9	X					
Head injury, unspecified	959.01	X				X	
Hemiplegia and hemiparesis	342.0-342.92	X				X	
Huntington's chorea	333.4	X				X	
Intracerebral hemorrhage	431	X					
Intracranial injury of other and unspecified nature	854.0-854.19	X					
Laryngeal spasm	478.75	X					
Late effects of cerebrovascular disease	438.0-438.9					X	
Malignant neoplasm of brain	191.0-191.9	X					
Malignant neoplasm of head, face, and neck	195.0	X					
Meningitis due to other organisms	321.0-321.8	X					
Meningitis of unspecified cause	322.0-322.9	X					
Motor neuron disease (incl., Amyotrophic lateral sclerosis)	335.20-335.29	X					
Multiple sclerosis	340	X				X	
Myasthenia gravis	358.0	X				X	
Nontraumatic extradural hemorrhage	432.0	X					
Other and unspecified intracranial hemorrhage following injury	853.0-853.19	X					
Other choreas	333.5	X				X	
Other disease of larynx (incl., abscess, necrosis, obstruction, pachyderma, and ulcer of larynx)	478.79	X					

*Statements "C," "D," and "F" do not apply to SLP services.

Primary ICD-9-CM diagnosis code description	Primary ICD-9-CM diagnosis code	A 16 days	B 16 days	C N/A*	D N/A*	E 12 days	F N/A*
Other diseases of pharynx or nasopharynx	478.29	X					
Other diseases of vocal cords (incl., abscess, cellulitis, granuloma)	478.5	X					
Other speech disturbance (incl., dysarthria, dysphasia, slurred speech)	784.5	X					
Paralysis of vocal cords or larynx	478.30-478.34	X					
Parapharyngeal abscess	478.22	X					
Parkinson's disease	332.0-332.1	X				X	
Polyp of vocal cord or larynx	478.4	X					
Retropharyngeal abscess	478.24	X					
Secondary malignant neoplasm of brain and spinal cord	198.3	X					
Secondary malignant neoplasm of other parts of nervous system	198.4	X					
Spinocerebellar disease (ataxias)	334.0-334.9	X					
Stenosis of larynx	478.74	X					
Subarachnoid hemorrhage	430	X					
Subarachnoid, subdural, and extradural hemorrhage, following injury	852.0-852.59	X					
Subdural hemorrhage	432.1	X					
Swelling, mass, or lump in head and neck	784.2	X					
Syringomyelia and syringobulbia	336.0	X					
Thoracic aneurysm, ruptured	441.1	X					
Thoracoabdominal aneurysm, ruptured	441.6	X					
Toxic encephalopathy	349.82	X					
Trigeminal nerve disorders (incl., Trigeminal neuralgia)	350.1-350.9	X					
Unspecified disease of spinal cord (incl., cord compression)	336.9	X					
Voice disturbance	784.40-784.49	X					
ICD-9-CM surgical procedure code description	ICD-9-CM surgical procedure code	A 16 days	B 16 days	C N/A*	D N/A*	E 12 days	F N/A*
Complete glossectomy	25.3	X					
Correction of cleft palate	27.62	X					
Excision of destruction of lesion or tissue of pharynx	29.31-29.39	X					
Excision of larynx	30.0-30.4	X					
Extracranial ventricular shunt	02.31-02.39	X					
Other craniectomy	01.25	X					
Other craniotomy	01.24	X					
Partial glossectomy	25.2	X					
Pharyngotomy	29.0	X					
Radical glossectomy	25.4	X					
Repair of cleft lip	27.54	X					
Repair of larynx	31.61-31.69	X					
Revision of cleft palate repair	27.63	X					
Revision, removal, and irrigation of ventricular shunt	02.41-02.43	X					

*Statements "C," "D," and "F" do not apply to SLP services.

ATTACHMENT 10

Allowable ICD-9-CM codes for speech and language pathology spell of illness approval (organized by statements)

Speech and language pathology (SLP) providers should use the following chart to determine the allowable combinations of *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) codes and statements for spell of illness (SOI) approval. Only one of statements “A” through “F” from the Prior Authorization/Spell of Illness Attachment (PA/SOIA) must be true for SOI approval. The combination of the true statement and the primary ICD-9-CM diagnosis code or the ICD-9-CM surgical procedure code is then used by Wisconsin Medicaid to assign the maximum allowable treatment days for the SOI. Statement “G” must also be true for SOI approval, but it is not used to determine the maximum allowable treatment days.

The statements below are from Element 11 of the PA/SOIA:

- A. The recipient experienced the onset of a new neuromuscular disease, injury, or condition six weeks ago or less.
- B. The recipient experienced the onset of a new musculoskeletal disease, injury, or condition six weeks ago or less.
- C. The recipient experienced the onset of a new problem or complication associated with physiologic disease, injury, or condition six weeks ago or less.
- D. The recipient experienced the onset of a new psychological disease, injury, or condition six weeks ago or less.
- E. The recipient experienced an exacerbation of a pre-existing condition six weeks ago or less.
- F. The recipient experienced a regression of his or her condition due to lack of therapy six weeks ago or less.

AND

- G. There is a reasonable expectation that the recipient will return to his or her previous level of function by the end of this SOI or sooner.

Note: Statements “C,” “D,” and “F” do not apply to SLP services.

Each chart is specific to one of the above statements. The statement and the maximum allowable treatment days are provided at the top of each chart.

To use these charts:

1. Find the chart that corresponds to the true statement (Element 11 of the PA/SOIA).
2. Find the appropriate ICD-9-CM code and description. The diagnosis codes are listed before the surgical procedure codes. The code descriptions are organized alphabetically within these categories (Element 10 of the PA/SOIA).
3. If the ICD-9-CM code is listed in the chart, refer to the statement at the top of the chart for the maximum allowable treatment days for the corresponding combination of the ICD-9-CM code and statement.
4. If the ICD-9-CM code is not listed in the chart, the combination of the code and statement does not allow for SOI approval. The ICD-9-CM code may be listed under another statement.

Some ICD-9-CM codes have more than one allowable statement for SOI approval. Speech and language pathology providers should determine which statement best describes the recipient’s condition.

Only the ICD-9-CM codes listed in the following charts are available for SOI approval. If the ICD-9-CM code for the SLP service is not listed, the provider should submit the Prior Authorization Request Form (PA/RF) and the Prior Authorization/Therapy Attachment (PA/TA).

Continued

Statement A — The recipient experienced the onset of a new neuromuscular disease, injury, or condition six weeks ago or less. Providers will be allowed **16 days** for an SOI with one of the following ICD-9-CM codes.

Primary ICD-9-CM diagnosis code description	Primary ICD-9-CM diagnosis code
Abdominal aneurysm, ruptured	441.3
Acute infective polyneuritis (Guillain-Barre syndrome; postinfectious polyneuritis)	357.0
Acute, but ill-defined, cerebrovascular disease (incl., CVA)	436
Anoxic brain damage	348.1
Aortic aneurysm of unspecified site, ruptured	441.5
Aphasia	784.3
Arterial embolism and thrombosis of abdominal aorta	444.0
Arterial embolism and thrombosis of thoracic aorta	444.1
Bacterial meningitis	320.0-320.9
Benign neoplasm of lip, oral cavity, and pharynx	210.0-210.9
Cellulitis and perichondritis of larynx	478.71
Cerebral cysts	348.0
Cerebral edema	348.5
Cerebral embolism	434.10-434.11
Cerebral laceration and contusion	851.0-851.99
Cerebral thrombosis	434.00-434.01
Complications of transplanted organ	996.80-996.89
Compression of brain	348.4
Concussion, with prolonged loss of consciousness and return to pre-existing conscious level	850.3
Concussion, with prolonged loss of consciousness without return to pre-existing conscious level	850.4
Cyst of pharynx or nasopharynx	478.26
Diabetes insipidus	253.5
Diabetes mellitus	250.0-250.93
Diffuse diseases of connective tissue	710.0-710.9
Disorders of other cranial nerves	352.0-352.9
Dissection of aorta	441.00-441.03
Edema of larynx	478.6
Edema of pharynx or nasopharynx	478.25
Encephalitis, myelitis, and encephalomyelitis	323.0-323.9
Encephalopathy, unspecified	348.3
Epilepsy	345.0-345.91
Facial nerve disorders (incl., Bell's palsy)	351.0-351.9
Head injury, unspecified	959.01
Hemiplegia and hemiparesis	342.0-342.92
Huntington's chorea	333.4
Intracerebral hemorrhage	431
Intracranial injury of other and unspecified nature	854.0-854.19
Laryngeal spasm	478.75
Malignant neoplasm of brain	191.0-191.9
Malignant neoplasm of head, face, and neck	195.0
Meningitis due to other organisms	321.0-321.8
Meningitis of unspecified cause	322.0-322.9
Motor neuron disease (incl., Amyotrophic lateral sclerosis)	335.20-335.29
Multiple sclerosis	340
Myasthenia gravis	358.0
Nontraumatic extradural hemorrhage	432.0
Other and unspecified intracranial hemorrhage following injury	853.0-853.19
Other choreas	333.5
Other disease of larynx (incl., abscess, necrosis, obstruction, pachyderma, and ulcer of larynx)	478.79
Other diseases of pharynx or nasopharynx	478.29
Other diseases of vocal cords (incl., abscess, cellulitis, granuloma)	478.5
Other speech disturbance (incl., dysarthria, dysphasia, slurred speech)	784.5

Statement A (continued) — The recipient experienced the onset of a new neuromuscular disease, injury, or condition six weeks ago or less. Providers will be allowed **16 days** for an SOI with one of the following ICD-9-CM codes.

Primary ICD-9-CM diagnosis code description	Primary ICD-9-CM diagnosis code
Paralysis of vocal cords or larynx	478.30-478.34
Parapharyngeal abscess	478.22
Parkinson's disease	332.0-332.1
Polyp of vocal cord or larynx	478.4
Retropharyngeal abscess	478.24
Secondary malignant neoplasm of brain and spinal cord	198.3
Secondary malignant neoplasm of other parts of nervous system	198.4
Spinocerebellar disease (ataxias)	334.0-334.9
Stenosis of larynx	478.74
Subarachnoid hemorrhage	430
Subarachnoid, subdural, and extradural hemorrhage, following injury	852.0-852.59
Subdural hemorrhage	432.1
Swelling, mass, or lump in head and neck	784.2
Syringomyelia and syringobulbia	336.0
Thoracic aneurysm, ruptured	441.1
Thoracoabdominal aneurysm, ruptured	441.6
Toxic encephalopathy	349.82
Trigeminal nerve disorders (incl., Trigeminal neuralgia)	350.1-350.9
Unspecified disease of spinal cord (incl., cord compression)	336.9
Voice disturbance	784.40-784.49
ICD-9-CM surgical procedure code description	ICD-9-CM surgical procedure code
Complete glossectomy	25.3
Correction of cleft palate	27.62
Excision of destruction of lesion or tissue of pharynx	29.31-29.39
Excision of larynx	30.0-30.4
Extracranial ventricular shunt	02.31-02.39
Other craniectomy	01.25
Other craniotomy	01.24
Partial glossectomy	25.2
Pharyngotomy	29.0
Radical glossectomy	25.4
Repair of cleft lip	27.54
Repair of larynx	31.61-31.69
Revision of cleft palate repair	27.63
Revision, removal, and irrigation of ventricular shunt	02.41-02.43

Statement B — The recipient experienced the onset of a new musculoskeletal disease, injury, or condition six weeks ago or less. Providers will be allowed **16 days** for an SOI with one of the following ICD-9-CM codes.

Primary ICD-9-CM diagnosis code description	Primary ICD-9-CM diagnosis code
Benign neoplasm of lip, oral cavity, and pharynx	210.0-210.9

Statement C — The recipient experienced the onset of a new problem or complication associated with physiologic disease, injury, or condition six weeks ago or less. **This statement does not apply to SLP services.**

Statement D — The recipient experienced the onset of a new psychological disease, injury, or condition six weeks ago or less. **This statement does not apply to SLP services.**

Statement E — The recipient experienced an exacerbation of a pre-existing condition six weeks ago or less. Providers will be allowed **12 days** for an SOI with one of the following ICD-9-CM codes.

Primary ICD-9-CM diagnosis code description	Primary ICD-9-CM diagnosis code
Diffuse diseases of connective tissue	710.0-710.9
Head injury, unspecified	959.01
Hemiplegia and hemiparesis	342.0-342.92
Huntington's chorea	333.4
Late effects of cerebrovascular disease	438.0-438.9
Multiple sclerosis	340
Myasthenia gravis	358.0
Other choreas	333.5
Parkinson's disease	332.0-332.1

Statement F — The recipient experienced a regression of his or her condition due to lack of therapy six weeks ago or less. **This statement does not apply to SLP services.**

ATTACHMENT 11

Prior authorization versus spell of illness approval

The following chart illustrates two examples in which a physical therapy, occupational therapy, or speech and language pathology provider must determine if prior authorization (PA) or spell of illness (SOI) approval is appropriate for a recipient's condition.

Example 1: The recipient's condition qualifies for Wisconsin Medicaid SOI approval.

A Medicaid-eligible recipient with multiple sclerosis experiences a regression in his functional condition. The recipient displays the ability to achieve the functional skill level that he had previously, qualifying him for an SOI. The recipient does not have commercial health insurance.



The provider does not anticipate the recipient's treatment will require more than the maximum allowable treatment days. The provider seeks SOI approval by submitting the Prior Authorization/ Spell of Illness Attachment (PA/SOIA) because:

- The recipient is not expected to exceed the number of allowable treatment days allotted for that SOI.
- The recipient's condition is recent.
- The recipient demonstrates the ability to achieve the functional skill level he had previous to the regression of his condition.

If the recipient's treatment is expected to exceed the maximum allowable treatment days, the provider should request PA from Wisconsin Medicaid by submitting the Prior Authorization/ Therapy Attachment (PA/TA).

Note: In the above situation, the provider also has the option of seeking PA by submitting the PA/TA.

Example 2: The recipient's condition does not qualify for Wisconsin Medicaid SOI approval.

A Medicaid-eligible recipient has a stroke. The recipient displays the ability to achieve the functional skill level that she had previously, qualifying her for an SOI.



The recipient has already received the maximum allowable treatment days as an outpatient.



The provider should request PA from Wisconsin Medicaid by submitting the PA/TA, not the PA/SOIA, because the recipient has exceeded the maximum allowable treatment days for that SOI.